

# **TORNADO DAMAGE HOMEOWNER REPAIR PROGRAM**

**For home repairs needed due to the June 2011 tornado**



## **CITY OF SPRINGFIELD**

**OFFICE OF DISASTER RECOVERY & COMPLIANCE**

**Contact: Sean Pham 413-784-4883**



# Office of Disaster Recovery - Homeowner Repair Program

## Tornado-Related Forgivable Home Repair Loans for Owner-Occupants

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**Type of Loan:** This program provides eligible owner-occupants **zero-interest deferred payment loan** which is **recorded as a lien** on the property. The loan is forgiven if the homeowner continues to own the home and live in it for the required length of time.

**Loan Forgiveness:** Disaster recovery home repair loans are forgiven over time as the homeowner continues to own the home and reside in it as their primary residence. The following chart shows the schedule for loan forgiveness:

Amount of loan (per unit)	Forgiveness period	Amount forgiven per year
Less than \$15,000	5 years	20%
\$15,000 - \$40,000	10 years	10%
Over \$40,000	15 years	6.7%

**Repayment:** If the homeowner sells, refinances, transfers title to the property, or no longer occupies the home as a principal place of residence prior to expiration of the forgiveness period, the balance of the loan must be repaid.

**Eligible Costs:** This program will pay for tornado-related home repairs, where the homeowners' primary residence sustained substantial, severe or major damage from the June 2011 tornado, and continues to have unmet repair needs.

- Eligibility:**
- Property must be located in one of the following neighborhoods: Six Corners, Old Hill, South End, East Forest Park, Sixteen Acres
  - Home must have been **owner-occupied** and served as the homeowner's **primary residence** at the time of the tornado
  - Homeowner must have **registered with FEMA**
  - Duplication of benefits is strictly prohibited. Homeowner must not have received duplicative benefits from another source (insurance, FEMA, SBA) for the necessary repairs applied for under this program ;
  - Mortgage payments must be current
  - City of Springfield property taxes, fees, fines or municipal liens must be current
  - Property must meet the Office of Housing's Written Rehabilitation Standards.
  - Contractors must be licensed and insured and must pull all applicable permits from the City of Springfield Building Department; and apply all state sanitary codes.
  - Owner must obtain a minimum of three (3) bids on City forms based on specifications provided by the City's Rehabilitation Specialist for the type of repair or replacement item approved
  - Household **income cannot exceed 80% of the Area Median Income** as detailed in the following table:

**Maximum Household Income 2014**

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150



# TORNADO DAMAGE HOME REPAIR Loan Application for Owner-Occupants

This section to be completed by the City of Springfield – Office of Disaster Recovery and Compliance
Application Number: _____
CDBG-DR Application Received by: _____
Date/Time CDBG Application Received: _____

## PART 1: APPLICANT INFORMATION

Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Co-Applicant (if applicable) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. Has the applicant ever received assistance from the City of Springfield?  
 No  Yes, Explanation:  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Is the applicant, or one of its relatives, employed by the City of Springfield?  
 No  Yes, Describe which department(s), relationship to applicant, and in what capacity:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Does the applicant owe the City of Springfield any monies for incurred real estate taxes, water, rents or any other indebtedness (i.e. trash fees, parking tickets, etc.)?  
 No  Yes, Explanation:  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Does the applicant have any open code violations or court cases relating to any property owned within the City of Springfield?  
 No  Yes, Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

ALTERNATE CONTACT INFORMATION: You may list a contact who is helping you through this process.

Contact Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**PART 2: HOUSEHOLD COMPOSITION**

Use the space below to list all other household members who live in your home at the time of application, or are expected to be added to the family in the next 12 months (for example, by birth, adoption, custody).

Household Member Name	Relationship to Applicant	Date of Birth	Age	Social Security Number	Is household member listed disabled? Y/N
	Head of Household				

1. Including the Applicant(s), how many people make up your household? \_\_\_\_\_

**PART 3: RACE & ETHNICITY FOR HEAD OF HOUSEHOLD**

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

**RACE (Check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alask Native     | <input type="checkbox"/> Asian              |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White              |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Other Multi-Racial |

**ETHNICITY (Check one):**

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
- Non-Hispanic or Non-Latino – A person NOT of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**PART 4: ELIGIBILITY INFORMATION**

IMPORTANT! If the answer to any of questions 1-4 is NO, you are not eligible for assistance.

1. Was the dwelling damaged or destroyed by the June 2011 tornado?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Does the Dwelling contain 4 or less Dwelling units?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Were you the owner of this residence on June 1, 2011?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Was the unit your primary residence on June 1, 2011?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b><i>The following question will require a special review to determine eligibility:</i></b>		
Did you register with FEMA for disaster related assistance for structural damage to the home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PART 5: DAMAGED PROPERTY INFORMATION**

Damaged Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What year was the structure built? \_\_\_\_\_

Are you currently living at the property?  Yes  No If no, explain your current living situation:

\_\_\_\_\_

\_\_\_\_\_

**PART 6: OTHER ASSISTANCE RECEIVED**

Have you applied for any tornado related assistance for damage to your home from any source ?

Yes - If yes, proceed with this section.  No - If no, proceed with Section # 7 Income Information.

**A. FEMA**

Have you received any disaster related assistance from FEMA for structural damage to your home?

Yes  No If yes: Amount Approved? \_\_\_\_\_ Amount Received? \_\_\_\_\_

FEMA Registration Number(s): \_\_\_\_\_

**B. SMALL BUSINESS ADMINISTRATION (SBA)**

Have you received any disaster-related assistance from the SBA for damage to your home?

Yes  No If yes: Amount Approved? \_\_\_\_\_ Amount Received? \_\_\_\_\_

SBA Application Number(s):

SBA Loan Number(s)

What is the status of your SBA loan (for example, paying as agreed, did not use, etc.)?

\_\_\_\_\_

**C. INSURANCE**

Were you carrying Homeowner's Insurance at the time of the event?  Yes  No

If "Yes", what type?  Hazard  Wind  Flood  Contents

Other: \_\_\_\_\_

Did you file a claim?  Yes  No

If yes-- Claim Amount Received: \_\_\_\_\_ Deductible: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Provide the name of the Insurance Company: \_\_\_\_\_

Is the insurance coverage currently in effect?  Yes  No

Are you involved in an appeal or lawsuit against your insurance company?  Yes  No

If yes--What is the status of your appeal or lawsuit against the insurance company?

\_\_\_\_\_

**D. OTHER**

Did you receive any other assistance for the repair of your home?  Yes  No

If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous CDBG Home repair, etc. \_\_\_\_\_

**PART 7: INCOME**

Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, other income for all household members age 18 or older. Food stamps are NOT considered income – do not list Food Stamps. List ALL household members and their incomes.

Household Member Name	Full Time Student? Y/N	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

**PART 8: ASSETS**

Do you own any other real estate?       Yes    No    If yes, provide address, city and state of property(s):

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Do you have a mortgage on the damaged property you are seeking assistance on?       Yes    No

If yes, what is the current balance owed on the mortgage? \_\_\_\_\_

Are your payments current on your mortgage?       Yes    No

Is your primary residence currently in foreclosure?       Yes    No

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset.			
Household Member Name	Type & Source of Asset	Cash Value of Asset	Annual Income From Asset



**PART 9: CERTIFICATION**

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery Program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

I/We authorize the City of Springfield and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

<b>Signature of Applicant:</b>	<b>Date</b>
<b>Signature of Co-Applicant:</b>	<b>Date</b>
<b>Warning:</b>	
Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.	

**PART 10: VERIFICATION OF COMPLIANCE**

This section to be completed by the City of Springfield – Office of Disaster Recovery and Compliance

<b>TAXES/BILLS</b>	<b>CURRENT?</b>	<b>AMOUNT DELINQUENT</b>
Real Estate Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Excise Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Water/Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Parking Tickets	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other Municipal Liens/Loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

**RELEASE OF INFORMATION**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

The City of Springfield requires the collection of the information listed in this form to determine an applicant's eligibility for the Program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The City of Springfield is authorized to ask for this information under the National Affordable Housing Act of 1990.

Information Covered: Inquiries may be made about items initialed below by the applicant.		
Description	Verification Required	Applicant Initials
Income (all sources)	X	
Assets (all sources)	X	
Child Support	X	
Property Taxes	X	
List other item here:	X	
Dependent Income: Full-time Student	X	

I authorize the City of Springfield to obtain information about myself and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- A photocopy of this form is as valid as the original; AND
- I have the right to review information received using this form; AND
- I have the right to a copy of information provided to the City of Springfield and to request correction of any information I believe to be inaccurate; AND
- All adult household members will sign this form and cooperate with the City of Springfield in the eligibility verification process.

<b>Signatures:</b>		
<i>Signature-Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>

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## **Applicant Checklist**

Please provide the information listed below to ensure that your application will be processed in an expedited manner.

- Completed Tornado Damage Home Repair – Loan Application for Owner-Occupants
- Properly executed RELEASE OF INFORMATION Form
- Completed W-9 Form
- FEMA Award/Denial Letter
- Small Business Administration (SBA) Award/Denial Letter
- Private Insurance Letter (*If you did not have private insurance, a written, signed and dated statement indicating that you had no private insurance will be acceptable.*)
- Copy of the applicant's driver's license (or a state issued photo ID);
- Property Deed in applicant's name
- Copy of receipts for any home repairs that have been made to the damaged property since June 1, 2011 (write name and property address on receipts)
- Provide any and all proof of income for individuals that live at the property and that are age 18 and older.
- Six (6) months of bank statements
- Copies of most recent ninety (90) days of income documentation for each income source (i.e. pay stubs, pension checks/statements, social security benefits letter, unemployment stubs/statements, court ordered alimony, child support, etc.) NOTE: If pay is inconsistent, up to 12 months of documentation may be required

***Some items listed may not apply to your situation.***

## SBA WRITTEN CONSENT FORM

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Damaged Address: \_\_\_\_\_

Was Damage to Business or Home: \_\_\_\_\_

If Damage was to a Business, please provide Name of Business and Type of Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

FEMA Application Number: \_\_\_\_\_

SBA Application Number: \_\_\_\_\_

Purpose of Funding Request: \_\_\_\_\_

I, hereby consent to disclosure of the information collected by the SBA for the above listed disaster impacted property to the City of Springfield, Office of Community Development and Disaster Recovery.

I specifically consent to have the following information disclosed to them:

- My entire case files, including inspection report, amount of assistance, reason for approval/denial, etc;
- My current contact information including name, address, phone number, e-mail address, and SBA application number;

The above information may be disclosed to the City of Springfield, Massachusetts for the purposes of verifying any and all benefits received from the SBA. Additionally, I consent to have the above named organization speak on my behalf and represent me before the SBA.

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
*Signature of Applicant*

## FEMA WRITTEN CONSENT FORM

I, \_\_\_\_\_ born on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and  
(Applicant) (Month) (Date) (Year)

Residing/resides at \_\_\_\_\_,  
(Applicant Address at Time of Disaster)

hereby consent to disclosure of the information collected by FEMA for the disaster impacted  
property at \_\_\_\_\_ under my Application  
(Disaster Impacted Property)

Number# \_\_\_\_\_ to the organization(s) and/or  
(FEMA Application Number)

Individual(s) listed below. My phone number is (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

I specifically consent to have the following information disclosed to them:

- My entire case files, including inspection report, amount of assistance, reason for approval/denial, etc;
- My current contact information including name, address, phone number, e-mail address, and FEMA application number;

The above information may be disclosed to the City of Springfield, Massachusetts for the purposes of verifying any and all benefits received from FEMA.

Additionally, I consent to have the above named organization speak on my behalf and represent me before FEMA.

Additionally, I consent to disclosure of my information to any other organization that is a member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Committee (LTRC) for \_\_\_\_\_.  
(FEMA Disaster Number)

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
*Signature of Applicant*

\*Email this form to: [fema-r01-ia-dob@fema.dhs.gov](mailto:fema-r01-ia-dob@fema.dhs.gov) to confirm benefits received\*



**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.  
<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.  
**\*Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
  - Ensure your employer is protecting your SSN, and
  - Be careful when choosing a tax preparer.
- If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.
- If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.